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**PATENT** 

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Victor W.THOMAS, Sr., et al.

Application No.: 10/619,150

Group No.: 1744

Filed: July 14, 2003

Examiner: Theresa T. Snider

For: FLOOR CLEANING APPARATUS

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

#### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

**STATUS** 

2. Applicant is other than a small entity.

### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1540, Alexandria, Virginia 22313-1450.

Date: 12 May 2004

Judith A. White

(type or print name of person certifying)

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1) Claims Remaining After Amendment			(Col. 2)  Highest No. Previously Paid For	(Col. 3)  Present Extra	OTHER THAN A SMALL ENTITY			
					Rate	Addit. Fee		
Total	9	Minus	42	= 0	x \$18 =	\$0		<u></u>
Indep.	5	Minus	16	= 0	x \$86 =	\$0		
First Presentation of Multiple Dependent Claim					+\$290=	\$0		
					Total Addit. Fee	\$ <u>0</u>	2000	

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

  The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 50-0231. If any additional fee for claims is required, charge Account No. 50-0231.

Date: 12 May 2004

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Applicants: Victor W. THOMAS, Sr., et al.

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10/619,150

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Examiner:

Theresa T. Snider

Art Unit No.: 1744

Atty. Dkt.:

CM-052B-US

I, Judith A. White, hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date of my signature.

Signature

12 May 2004 Date of Signature

## **AMENDMENT AND RESPONSE**

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Official Action mailed from the Patent and Trademark Office on February 13, 2004, please amend the above-identified application as indicated below. The Commissioner is hereby authorized to charge any fees which may be due in connection with this response including, but not limited to, additional independent claim(s) fee(s), to Deposit Account No. 50-0231.

# **ELECTION/RESTRICTION**

Atty. Dkt.: CM-052B-US

Applicant confirms the election of Group II, Claims 21-30, during a telephone conversation with Examiner Snider on January 7, 2004.